

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
COURSE EVALUATION TRANSMITTAL**

COURSE NAME	COURSE CODE	DATE DELIVERED
COURSE MANAGER		# OF PARTICIPANTS
COURSE LOCATION (CITY)	STATE	REGION

**DATA ATTACHED**

Participant Course Evaluations	<input type="checkbox"/> <i>YES</i>	<input type="checkbox"/> <i>NO</i>
Course Manager Course Evaluations	<input type="checkbox"/> <i>YES</i>	<input type="checkbox"/> <i>NO</i>
Final Examination Scores	<input type="checkbox"/> <i>YES</i>	<input type="checkbox"/> <i>NO</i>
Participant Roster	<input type="checkbox"/> <i>YES</i>	<input type="checkbox"/> <i>NO</i>
Course Agenda	<input type="checkbox"/> <i>YES</i>	<input type="checkbox"/> <i>NO</i>

<b>NAMES OF INSTRUCTORS</b>	<b>ORGANIZATIONS REPRESENTED</b>

**SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR REGIONAL TRAINING EDUCATION OFFICE**

SIGNATURE OF INDIVIDUAL COMPLETING FORM	DATE
REGIONAL REVIEW	DATE

FEDERAL EMERGENCY MANAGEMENT AGENCY <b>COURSE MANAGER-COURSE EVALUATION</b>		See Reverse side for Paperwork Burden Disclosure Notice	O.M.B. No. 3067-0236		
Course Title			Course Code <b>G</b>		
City	State <b>MO</b>	Beginning Course Date			
Course Manager	% of Course Attended	Business Phone			
PLEASE MARK THE APPROPRIATE RESPONSE AND PROVIDE REQUESTED COMMENTS					
<b>COURSE</b>			<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> </table>	Yes	No
Yes	No				
A. Objectives were met .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
B. Delivered according to POI / IG .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
C. Covered the right amount of material .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
D. Content was relevant .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
E. Time allocations were appropriate .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
F. Training aids were appropriate and of good quality .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
G. Difficulty level of material was appropriate .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
H. Sequence of lessons facilitated learning .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
I. Course is in need of revision / modification .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
J. Comments					
<b>PRINTED MATERIALS</b>			<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> </table>	Yes	No
Yes	No				
A. Technically accurate .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
B. Up to date .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
C. Well organized .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
D. Relevant .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
E. Good quality .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
F. Complete .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
G. Comments					
<b>VISUAL AIDS</b>			<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> </table>	Yes	No
Yes	No				
A. Technically accurate .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
B. Up to date .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Well organized .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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D. Relevant .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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E. Good quality .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
F. Complete .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
G. Comments					
<b>STUDENTS</b>			<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> </table>	Yes	No
Yes	No				
A. Represented the target group .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
B. Well motivated .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
C. Received adequate pre-course information .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
D. Class size was manageable .....			<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
E. Comments					

A. Based on your observations and a review of the participant evaluation forms, please respond to the following:  
Problems encountered:

Suggestions for improving course materials, content, structure and delivery:

B. How was the attainment of the instructional objectives assessed (examinations, activities, interaction, other)?

C. Additional Comments:

Course Manager's Signature

Date

#### PAPERWORK BURDEN DISCLOSURE NOTICE

"Public reporting burden for this collection of information titled "Emergency Management Institute Field Evaluation Systems-Course Evaluation Forms" is estimated to average 16 minutes per response. The burden estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Reporting burden for this form, as part of the collection, is highlighted below. Send comments regarding this burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, S.W., Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0236), Washington, D.C. 20503."

<u>FEMA Form No.</u>	<u>Title</u>	<u>Burden Hours</u>
95-38	Course Evaluation Transmittal	5 minutes
95-39	Course Manager-Course Evaluation	30 minutes
95-42	Participant Course Evaluation Form	15 minutes